



**Individual Plan for Employment (IPE)**  
**For**

\_\_\_\_\_

FOR OFFICE USE ONLY	
<b>TYPE OF PLAN</b>	<b>OTHER INFORMATION</b>
<input type="checkbox"/> Standard	<input type="checkbox"/> Transition
<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Ticket-to-Work
	<input type="checkbox"/> Trial Work Experience
	<input type="checkbox"/> Extended Evaluation

**MY EMPLOYMENT GOAL**

Job Title: \_\_\_\_\_ SOC: \_\_\_\_\_

Full-time  Part-time (specify) \_\_\_\_\_

Timeline for when I will start working: \_\_\_\_\_

**My employment goal is consistent with my strengths, resources, priorities, concerns, abilities, capabilities, career interests and informed choice. Explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I will complete the following steps to become employed:**

*(The listing of specific steps in this section is optional depending on the individual's rehabilitation needs.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICES NEEDED TO ACHIEVE MY EMPLOYMENT GOAL**

*(Complete the descriptions only for the services necessary for this Plan. Cross through the unused sections.)*

*Estimated costs are provided for planning purposes only. Actual cost may vary.*

Service Code: 365 Service Type: *Counseling and guidance - general*

Description: *Information/guidance to help me make choices and participate in my Plan*

Service delivered by: *My Rehabilitation Services Counselor*

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No cost:

Funding sources:  RS  Client  Other (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Service Code: 999 Service Type: *One-time emergency service necessary to start or keep a job*  
*This service will not be provided in all cases.*

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No cost:

Funding sources:  RS  Client  Other (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No cost:

Funding sources:  RS  Client  Other (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Check if applicable: Due to the estimated cost, additional agency approval will be required prior to purchase.

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No cost:

Funding sources:  RS  Client  Other (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Check if applicable: Due to the estimated cost, additional agency approval will be required prior to purchase.

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No cost:

Funding sources:  RS  Client  Other (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Check if applicable: Due to the estimated cost, additional agency approval will be required prior to purchase.

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No cost:

Funding sources:  RS  Client  Other (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Check if applicable: Due to the estimated cost, additional agency approval will be required prior to purchase.

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No cost: \_\_\_\_\_

Funding sources:  RS  Client  Other (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Check if applicable: Due to the estimated cost, additional agency approval will be required prior to purchase.

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No cost: \_\_\_\_\_

Funding sources:  RS  Client  Other (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Check if applicable: Due to the estimated cost, additional agency approval will be required prior to purchase.

Service Code: \_\_\_\_\_ Service Type: \_\_\_\_\_

Description: \_\_\_\_\_

Service delivered by: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ No cost: \_\_\_\_\_

Funding sources:  RS  Client  Other (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Check if applicable: Due to the estimated cost, additional agency approval will be required prior to purchase.

*Estimated cost is provided for planning purposes only. Actual costs may vary.*

*Use additional sheets if necessary to list all services that are part of this Plan.*

**Explain how services will contribute to achievement of my employment goal:**

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### **EVALUATION CRITERIA**

Describe how and when my progress will be evaluated:

*(For self-employment plans, also describe the criteria that will be used to determine when job performance is stable.)*

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### **POST-EMPLOYMENT SERVICES**

Not anticipated  Contact RS if needed

## **ADDITIONAL INFORMATION**

(Complete only the sections that apply to this Plan.)

### **SUPPORTED EMPLOYMENT**

Describe the criteria for determining that my job performance is stable:

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Describe how and when my progress will be evaluated:

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Describe the expected extended services and ongoing support needed:

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How will extended ongoing support be identified and provided?

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*Please note: Any job skills training provided in this Supported Employment Plan will be provided at the employment work site in an integrated community setting.*

### **TRANSITION-AGED STUDENTS**

This Plan has been developed with consideration given to the content of my Individual Education Plan (or 504 Plan) and my school records, to the extent these documents address my interests, vocational options, and accommodations needed.

## **METHODS USED TO PAY FOR SERVICES**

Rehabilitation Services (RS) may use a variety of methods for the purchase of goods or services for your vocational rehabilitation case. In all purchases, the agency must assure that funds are used only for allowable and authorized purposes. Sufficient records must be maintained to document that funds were used appropriately. Depending on your Individual Plan for Employment (IPE), you may also be responsible to pay a share of the cost. Or a comparable benefit may be used to cover a portion of the cost.

In most instances, RS will pay the vendor or seller of the goods or services directly. There may be instances where you will be reimbursed for allowable purchases that you make for your VR plan, or you may receive a payment in advance to make allowable purchases. In these instances when funds are paid directly to you, the following rules will apply:

### **REIMBURSEMENTS**

You must receive a written Service Authorization from your counselor for any purchases you make for which you will be reimbursed. You must have the Service Authorization form **BEFORE** you make the purchase. The dollar amount listed on the Service Authorization represents the maximum amount that RS will pay for the specified service. Reimbursement will be provided only for the item(s) listed on the Service Authorization, including specifications such as make, model, version, edition, etc. Reimbursement will be for actual costs. If you

choose to purchase an item or service that is more expensive than the amount listed on the Service Authorization, you will be responsible for the difference.

### **PAYMENTS IN ADVANCE**

In limited circumstances, RS may issue a payment to you in advance so that you can purchase a specified, allowable good or service. The dollar amount listed on the Payment Authorization represents the maximum amount that RS will pay for the specified service. VR funds provided to you in advance may be used only for the item(s) listed on the Payment Authorization, including specifications such as make, model, version, edition, etc. If you choose to purchase an item or service that is more expensive than the amount listed on the Payment Authorization, you will be responsible for the difference. If the item purchased costs less than the amount of the advance payment, the excess funds will be noted and deducted from any future reimbursements or payments in advance. You will be responsible to manage these excess funds in such a way that they are available for use for future allowable and authorized expenditures. Or, you may be required to return the excess funds to RS. In most cases, you may not have more than one outstanding payment in advance at any time.

### **ADVANCED WRITTEN AUTHORIZATION**

All services to be paid by RS must be authorized in writing in advance by the Counselor. You must get **prior written authorization** from your Counselor before purchasing any goods or services to be funded by RS, and you must provide receipts when requested. Please coordinate with your Counselor in advance so there is sufficient time to review requests for funding and to issue prior written authorizations for approved items.

### **PROOF OF PURCHASE DOCUMENTATION**

After completing the purchase, you will provide proof-of-purchase documentation. Documentation may include original paid receipts, cash register receipts that identify goods purchased, credit card statements, internet payment documentation, or other similar documentation. Copies of cancelled checks (showing both the front of the check indicating the payee and the back of the check or back statement indicating payment has been made) and copies of money orders are also allowable documentation. Your name must be written on all documentation you submit to RS.

You must complete a Materials Received Form for goods purchased and submitted with the purchase documentation.

Documentation must be detailed enough to note the payee, what was purchased, the date, and the cost. Mileage logs are required for mileage reimbursement. Transportation logs are required for use of bus tickets, bus passes, taxi fares, or other pay-per-ride transportation.

Documentation may be subject to verification by RS.

Falsified receipts or documentation will result in your case being closed. In such circumstances, a referral for further investigation will be made to the Department for Children and Families Fraud Unit.

Documentation must be submitted within 10 days of purchase. Failure to provide documentation in a timely manner may result in the denial of the use of the reimbursement or payment in advance options in the future.

I understand these rules and certify that I will comply.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## **PARTICIPATION AGREEMENT**

**The following rights apply to everyone receiving VR services. I have the right to:**

Receive VR services without discrimination based on race, color, religion, age, disability, national origin, ancestry or sex. (The services that RS can provide depend on the availability of state and federal funds, and whether there are other programs that can provide the services I need.)

Make informed choices about my employment goal, the services I will receive, who will provide the services, and how the services will be obtained.

Take an active part developing my Individual Plan for Employment and be involved in any change in the Plan before it goes into effect. I may get help from other individuals who are not employed by the state agency to develop my Plan if I choose.

Expect that information I give my counselor will be kept confidential, as described in the Handbook of Services.

Sign and receive a written copy of my Individual Plan for Employment and any changes made to it.

Participate in an annual review of my Individual Plan for Employment to be sure it is still the best Plan to help me get a job.

Participate in reviews to determine my progress toward meeting my employment goal.

Receive information in my native language or mode of communication.

Receive services from the Client Assistance Program (CAP) if I need more information or clarification about my Plan, if I am dissatisfied with my services, or if I need information about my appeal rights (administrative review, mediation or fair hearing). I may contact CAP toll-free at the Disability Rights Center at 1-877-776-1541 or 1-877-335-3725 (TTY).

**The following responsibilities apply to everyone receiving VR services. I have the responsibility to:**

Carry out my Individual Plan for Employment to the best of my abilities.

Keep appointments and participate in scheduled activities. Contact my counselor if I need to change an appointment time.

Check with my counselor **in advance** before I stop any planned activities.

Get **prior written authorization** from my counselor before I purchase any goods or services to be funded by RS, and provide receipts when requested.

Provide financial information as needed, apply for financial aid/other benefits, and help pay for the cost of my services consistent with my economic need. Use family funds, insurance, Social Security, PELL Grants, scholarships or any other funds I may be eligible for to help pay for services.

Follow medical advice, treatment plans or other professional instructions, and cooperate with service providers who are trying to help me with my services or employment.

Contact my counselor:

- If I move.
- If my phone number changes.
- If I want to change anything about my Plan, such as my employment goal, services, time frames or steps.
- If there is a change in my financial status.
- If there is a change in my employment status, for example if I am no longer working, if I get laid off, if I get promoted, or if I change jobs.

Actively seek employment, and go to work when I have completed my Plan. When I get a job, I will provide information to my counselor on the name of my employer, my wages, the number of hours I am working, my job title, and benefits.

**The following responsibilities apply to my Individual Plan for Employment when they are checked.**

- Maintain a minimum 2.0 grade point average, or higher if needed for entry into a professional field of study.
- Complete 30 hours of class credit per year. Maintain full-time enrollment if attending a vocational or technical training program.
- Provide copies of any notices I receive about my performance in any of my classes and tell my counselor about any changes in my financial aid status.
- Provide my grades for the prior semester before my counselor can authorize funding for the next semester.
- Talk to my counselor before I drop or discontinue any classes.
- Work with my school to analyze my transcript and develop a plan for completing my degree or certificate after the first year of school, when I am going to transfer to another school, or when I'm thinking about changing my major course of study. Discuss any changes with my counselor before I make them.
- Maintain proper care and repair of equipment and assistive technology devices.
- Return tools, equipment or initial stocks purchased for my Plan or employment if I no longer need them for those purposes.

Return funds to RS from selling textbooks at the end of the semester.

Other: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

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**IS THIS PLAN SUBJECT TO ECONOMIC NEED?  Yes  No**

**If no, check one:**  SSI/SSDI recipient  Does not apply to any services in this Plan

**PLAN FOR EMPLOYMENT**

I understand that this is a plan for employment. The vocational rehabilitation (VR) services provided are those necessary to help me get or keep a job. I also understand that fraudulent use of VR services or resources may be referred for investigation.

**MY PARTICIPATION IN DEVELOPMENT OF THIS PLAN**

I was involved in making decisions about this plan. I had choices about my job goal and the steps and services needed to reach it. I also had choices about who will provide the services. My rights and responsibilities have been explained to me and given to me. I understand that I will receive a copy of my Plan.

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Signature or My Guardian's Signature

\_\_\_\_\_  
Date